

IPDR6702		NORTH CAROLINA		PAGE: 1			
RUN DATE: 09/23/2007		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 09/27/2007					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	40	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	10	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	65	79
							14
		8535	8	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH			
3404904	WESTERN HIGHLAN DS LME	8800	86	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
		8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	187	1456
							1269
		8534	24	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F			
3404910	PATHWAYS	11	52	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	160	4195
							4035
		5308	11	PRIOR AUTHORIZED UNITS EXCEEDE D			
3404912	CATAWBA COUNTYM ENTAL HEALT	11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	69	1757
							1688
		8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F			
3404913	MECKLENBURG COM ENTAL HEALT	8505	6928	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	1732	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	31	9045	9092
							47
		8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404916	CROSSROADS BEHA VIORAL HEAL	8505	102	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	31	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	153	3394
							3241
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404917	CENTERPOINT HUM AN SERVICES	11	405	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	641	2499
							1858
		23	58	SERVICE REQUIRES PRIOR APPROVA L			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3009	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	486	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	15	3791	5297	1506
		11	123	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	79	46	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	101	3222	3121
		11	10	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404921	ORANGE PERSON C HATHAM AREA	11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	6	DUPLICATE OF CLAIM-SYSTEM	0	36	988	952
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	231	231
3404923	FIVE COUNTY MH	8505	1290	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	218	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1617	2732	1115
		8536	36	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	5836	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	333	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	6	6580	6672	92
		8599	232	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	1781	DUPLICATE OF CLAIM-SYSTEM				
		8599	182	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	2492	3093	601
		8622	98	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404927	CUMBERLAND CO M HC	11	54	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8800	42	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	171	561	390
		8622	31	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED				

				FOR ADDITIONAL SERVICE.			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	136	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	34	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	248	3713	3465
		21	22	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC BILLING OF	8599	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	183	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	75	1248	12062	10814
		8621	124	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8564	45	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	62	110	48
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404934	ONSLow CARTERET BEHAV HEAL	8599	228	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	160	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	708	2096	1388
		4102	115	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	3411	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8000	2	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	4	1498	1494
3404939	EAST CAROLINA B EHAVIORAL H	8534	172	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	91	DUPLICATE OF CLAIM-SYSTEM	0	572	5169	4597
		7001	82	EXCEEDS THE ONE PER DAY LIMITA TION				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA	11	38	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8535	10	SERVICE FACILITY LOCATION WAS	1	67	701	634
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8564	6	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				
3404944	EASTPOINTE HUMA	8000	51	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8599	15	DETAIL NOT COVERED BY COMBINAT	0	72	735	663
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	3	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM	79	46	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8535	39	SERVICE FACILITY LOCATION WAS	0	113	1597	1484
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		27	15	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				